

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4076
Registrar's No. 58

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Monroe</u>			
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>94 1/2 m 25 d</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>PARIS</u>		0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital NoT</u>				d. STREET ADDRESS (If rural, give location) <u>Unk</u>			
3. NAME OF DECEASED (Type or Print) <u>IKE</u>		a. (First)		b. (Middle)		c. (Last) <u>JOHNSTON</u>	
4. DATE OF DEATH <u>Feb 19 1950</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>16 May 1871</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 1 YEAR Days <u>3</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo D</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>							
13a. FATHER'S NAME <u>JOHN G Johnston</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Minor</u>		14. NAME OF HUSBAND OR WIFE <u>Unk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records, Fulton, Mo</u> ADDRESS <u></u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerotic Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arterio sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>420 d</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 1948</u> , to <u>19 Feb 1950</u> , that I last saw the deceased alive on <u>19 Feb 1950</u> , and that death occurred at <u>5:50 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G.S. Warach</u> (Degree or title) <u>D.M.D.</u>		23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>19 Feb 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 25-1950</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Roberts</u>		ADDRESS <u>Columbia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
FEB 27 1950
District Health Officer No. 9,
District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.